

EXHIBIT 17

CASE FILE NO. 1242671
CARRIER FILE NO. A364618584STATE OF DELAWARE
OFFICE OF WORKERS' COMPENSATION
AGREEMENT AS TO COMPENSATIONEmployee MARLAYNA TILLMAN
Address P.O. BOX 688
CLAYMONT, DE 19802Employer PEPSI BOTTLING GROUP
Address 3501 GOVERNOR PRINTZ
BELLEFONTE, DE 19809Insurance Carrier/Self-insurer SEDGWICK CMS
Address US STEEL TOWER
600 GRANT STREET, SUITE# 2944
PITTSBURG, PA 15219Third party Adjuster _____
Address _____

The above have reached an agreement in regard to compensation for the injury sustained by said employee and submit the following statement of facts relative thereto:

Date of Injury 11/06/03 Date Disability Began 11/06/03
Cause/Place of Accident SEE FIRST REPORT OF INJURY
Nature/Part of Body RIGHT KNEE & CALF
Probable Length of Disability (if known) 11/06/03- 4/18/04

The terms of this agreement under the above facts are as follows:

This agreement is for (check all that apply) ☒ Total Disability ☐ Temporary Partial Disability
☐ Permanent Partial Disability ☐ Disfigurement ☐ Commutation ☐ Medical Only
☐ Salary In Lieu of Workers' Compensation

*** LESS A CREDIT OF \$7,700.00 FOR SHORT TERM DISABILITY RECEIVED***

That the said MARLAYNA TILLMAN shall receive compensation at the rate of \$440.00 per week based upon an average weekly wage of \$660.00 and that said compensation shall be payable ☐ weekly ☐ bi-weekly ☒ LUMP SUM monthly other (specify) from and including the 6th of NOVEMBER 2003 until APRIL 18, 2004.

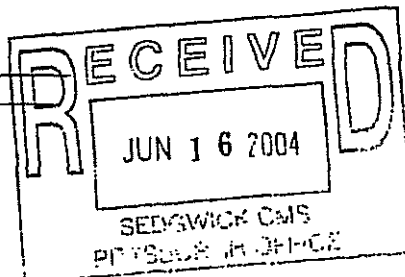
BENEFITS FOR TOTAL/PARTIAL DISABILITY, (LOST WAGES) SHALL REQUIRE YOU TO ADVISE THE NAMED CARRIER/SELF-INSURED/THIRD PARTY ADJUSTER OF ANY CHANGE IN EMPLOYMENT STATUS AND/OR DISABILITY. FAILURE TO NOTIFY A CHANGE OF STATUS IS PUNISHABLE PURSUANT TO TITLE 18, DELAWARE CODE, CHAPTER 24, AND/OR TITLE 11 DELAWARE CODE, SECTION 913.

Witness _____
(signature)Employee _____
(signature)Address: _____
_____Adjuster/Attorney _____
(signature)Phone Number _____
Date of Agreement _____

For Accounting Use Only:

Approved by: _____

Date of Approval: _____



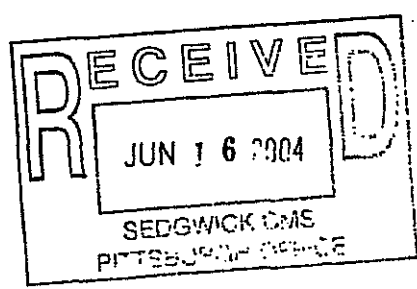
Sedgwick Claims Management Services, Inc
600 GRANT STREET
USX TOWER, STE 2944
PITTSBURGH, PA 15219-2703

DATE	CHECK AMT	CHECK NO.
06/11/2004	4,934.29	0005552016
PAYEE	TAX ID	
MARLAYNA TILLMAN		
SCMS UNIT	PAGE	
646 Sedgwick Claims Management Services	001	


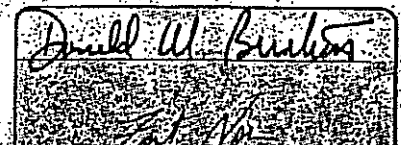
*000016 0005552016 001 OF 001 OPM 040610 1426

Marshall, Dennehey, Warner, Coleman & Go
Attn: Christine O'Connor
1220 N. Market St. 5th fl PO Box 8888
Wilmington, DE 19899-8888

Claimant Name	Loss Date	Claim Number	SSN
TILLMAN, MARLAYNA G.	11/06/2003	A364618584-0001-01	
Amt Paid: 4934.29		Description: Lump Sum-Temporary Disability	
Dates: 11/06/2003 - 04/18/2004		Comment: Disability bfts owed	



E1991.FRM (02-28)

Sedgwick Claims Management Services, Inc on behalf of Pepsi Bottling Group		ORIGIN 6461996	DATE 06/11/2004	CHECK NO. 0005552016	62-23 351
PAY *FOUR THOUSAND NINE HUNDRED THIRTY FOUR* *AND 29/100 DOLLARS*				\$4934.29	
TO MARLAYNA TILLMAN THE ORDER OF					
First Union Bank of Delaware Wilmington, DE.		VOID AFTER 60 DAYS			

⑈0005552016⑈ ⑆031100225⑆2079950059703⑈

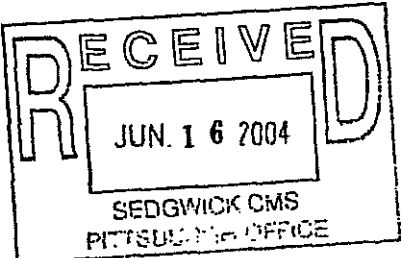
Sedgwick Claims Management Services, Inc
600 GRANT STREET
USX TOWER, STE 2944
PITTSBURGH, PA 15219-2703

DATE	CHECK AMT	CHECK NO.
06/11/2004	3,790.29	0005552020
PAYEE	TAX ID	
BEVERLY L BOVE	510370163	
SCMS UNIT	PAGE	
646 Sedgwick Claims Management Services	001	

*000018 0005552020 001 OF 001 OPM 040610 1426

Marshall, Dennehey, Warner, Coleman & Go
1220 N. Market St., 5th fl. PO Box 8888
Wilmington, DE 19899-8888

Claimant Name	Loss Date	Claim Number	SSN
TILLMAN, MARLAYNA G.	11/06/2003	A364618584-0001-01	
Amt Paid: 3790.29	Description: Claimant Legal Expense (Indemnity)	Invoice: ICN: A364618584000101	
Amt Billed: 3790.29	Dates: 11/06/2003 - 04/18/2004	Comment: Atty fee's for Malayna Tillman	



E1991.FRM (02-28)

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER WITH VOID-REACTIVE BORDER. NO OTHER COPIES OF THIS CHECK HAVE BEEN MADE.

Sedgwick Claims Management Services, Inc
on behalf of Pepsi Bottling Group

ORIGIN: 6461996 DATE: 06/11/2004 CHECK NO: 0005552020 62-22 311

PAY TO THE ORDER OF BEVERLY L BOVE

THREE THOUSAND SEVEN HUNDRED NINETY
AND 29/100 DOLLARS

\$3790.29

VOID AFTER 60 DAYS

First Union Bank of Delaware
Wilmington, DE

VOID AFTER 60 DAYS

Druid W. Bunker

⑈0005552020⑈ ⑆031100225⑆ 2079950059703⑈

CASE FILE NO. 1242671
CARRIER FILE NO. A364618584

STATE OF DELAWARE
OFFICE OF WORKERS' COMPENSATION
RECEIPT FOR COMPENSATION PAID

DATE: June 14, 2004

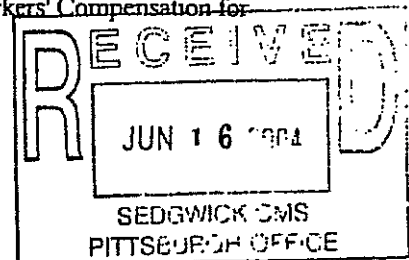
Received of SEDGWICK CMS the sum of \$12,634.29*, making in all the total sum of \$12,634.29
in settlement of compensation due for the TEMPORARY TOTAL * disability of MARLAYNA TILLMAN
which began on 11/06/03, and terminated on 4/18/04.

Employee Signature

*28.71 weeks of benefits at a
compensation rate of \$ 440.00
*** LESS A CREDIT OF \$7,700.00 FOR SHORT TERM
DISABILITY RECEIVED***
** RIGHT KNEE & CALF

Address:

Your signature on this receipt will terminate your rights to receive the workers' compensation benefits specified above on the date indicated. This form is not a release of the employer's or of the insurance carrier's workers' compensation liability. It is merely a receipt of compensation paid. The claimant has the right within five years after the date of the last payment to petition the Office of Workers' Compensation for additional benefits.



MARSHALL, DENNEHEY, WARNER, COLEMAN & GOGGIN

A PROFESSIONAL CORPORATION www.marshalldennehey.com

20 N. Market St., 5th Floor, P.O. Box 8888 · Wilmington, DE 19899-8888
 (302) 552-4300 · Fax (302) 651-7905

Direct Dial: 302-552-4321
 Email: coconnor@mdwecg.com

May 21, 2004

VIA FACSIMILE & U.S. MAIL

Erik C. Grandell, Esquire
 1020 W. 18th Street
 Suite 2
 P.O. Box 2207
 Wilmington, DE 19802

Re: Marlayna Tillman v. Pepsi Bottling Group
 Our File No.: 06175-00465
 IAB Hearing No.: 1242671
 DOL: 11/06/03

Dear Erik:

Please accept this letter as an outline of our settlement terms related to the above-referenced matter. My client has agreed to recognize Ms. Tillman's right calf and right knee injuries that were sustained at Pepsi on November 6, 2003. We also have agreed to pay temporary total disability benefits from November 6, 2003 through April 18, 2003. This translates into 28.71 weeks of benefits at the rate of \$440.00 for a total of \$12,634.29. You and I have agreed to address any average weekly wage calculation issue at a legal hearing in the future, if necessary. If it is found that Ms. Tillman requires an adjustment to her average weekly wage compensation rate, we will pay additional temporary total disability benefits accordingly.

You and I also discussed the fact that Ms. Tillman received short term disability benefits from November 12, 2003 through April 13, 2003. She was paid \$350.00 per week for a total of \$7,700.00. My client has asserted its right to take a credit against temporary total disability benefits that are due. You and I have agreed to investigate whether the claimant paid into her disability insurance premium and this will determine whether or not she is owed the \$7,700.00 directly. For now, I will request a temporary total disability check in the amount of \$4,934.29.

Finally, my client has agreed to pay expert witness fees in this case and I will need an invoice for Dr. Bandera's deposition from you at your earliest convenience. I will also be requesting a check in the amount of \$3,790.29 for the 30% attorney's fee payment.

PENNSYLVANIA
 Bethlehem
 Doylestown
 Erie
 Harrisburg
 Newtown Square
 Norristown
 Philadelphia
 Pittsburgh
 Scranton
 Williamsport

NEW JERSEY
 Cherry Hill
 Roseland

DELAWARE
 Wilmington

OHIO
 Akron

FLORIDA
 Ft. Lauderdale
 Orlando
 Tampa

